Employees' Retirement System of the State of Hawaii
201 Merchant St, Suite 1400
Honolulu, Hawaii 96813-2980
(808) 586-1735   www4.hawaii.gov/ers

# CONTRIBUTORY/HYBRID PLAN ELECTION FORM
## (FOR ELIGIBLE CONTRIBUTORY MEMBERS ONLY)

## (PLEASE PRINT LEGIBLY)

Please complete, sign, and return this form to your personnel office **within 30 calendar days of your date of hire.** If not received **within 30 calendar days** from the date of hire, your membership will continue in the Contributory Plan. This is the only opportunity that you will have to join the Hybrid Plan under the present statutes.

Name_____

      (Last)     (First)     (M.I.)     (Suffix)

Social Security No.:  xxx - xx - _____

(Last 4 digits are required)

Former
Name _____

      (Last)     (First)     (M.I.)     (Suffix)

Year of Birth: _____

Mailing Address

_____

_____

_____

    (City)      (State)      (Zip)

Date of Hire: _____

Years of Service: _____

Business Phone: _____

Home Phone: _____

Employer:  [ ] State: Department _____   [ ] County of _____

If you are a member of the Contributory Plan with 5 or more years of credited service, and you did not receive a refund of your contributions and are returning to work for the State or County, you may elect to join the Hybrid Plan as established by Act 179/2004 or elect to remain in the Contributory Plan. This election is **irrevocable**.

**I elect to**:

[ ] TRANSFER TO THE **HYBRID** PLAN. I understand that I will contribute to the Employees' Retirement System and receive benefits under the provisions of the Hybrid Plan. All existing Contributory Plan service will be converted to Hybrid Plan service. (Any contribution adjustments will be made by your Employer.)

[ ] REMAIN A MEMBER OF THE **CONTRIBUTORY** PLAN. I understand that I will continue to contribute to the Employees' Retirement System and receive benefits under the provisions of the Contributory Plan.

I understand that my election cannot be changed and that this is the only opportunity that I will have to join the Hybrid Plan under the present statutes.

(Signature)_____   Date_____

     **(Your signature must be acknowledged before a Notary**
     **or other duly authorized officer.)**

_____

ERS Authorized Officer

State of Hawaii                 )
                            )
City and County of _____)

On this _____day of _____, 20 _____ personally appeared before me the said named instrument and he/she exceute the same as his/her free and voluntary act and deed.

         Affix your                         _____
         Official Seal                     Notary Public, State of Hawaii
                                  My commission expires _____